

BUREAU OF AUTOMOTIVE REPAIR FLEET OPERATIONS UNIT

10240 SYSTEMS PARKWAY, SACRAMENTO, CA 95827 PHONE: (916) 255-1336 FAX: (916) 255-1385



www.smogcheck.ca.gov

GOVERNMENT FLEET SMOG CHECK PROGRAM ANNUAL REPORTING TRANSMITTAL

PLEASE COMPLETE AND RETURN THIS FORM TO THE BUREAU OF AUTOMOTIVE REPAIR

THIS ANNUAL REPORTING TRANSMITTAL IS DUE BEFORE DECEMBER 31 OF EVERY YEAR.

Agency:		BAR File Number:
Department:		
Division:		BAR USE ONLY
Unit:		Date Received:
Business Address:		Date Entered:
City:	State: Zip:	Entered by:
RME:	Phone:	
EVEN VIN NUM (Agencies witho	IBERED VEHICLES: must be inspected and reported IBERED VEHICLES: must be inspected and reported out vehicles to report should enter 0 for Number Owne G OPTION: (See Instructions on reverse.)	in EVEN calendar years.
An "affected vehicle" is any gasoline (Vehicles 4 years old and newer do n	or alternate fuel powered vehicle 29 model ye ot require testing.) Please include these on the second of the secon	ars old and newer.
ODD VIN VEHICLES Number Owned:	EVEN VIN VEHICLES	ANNUAL OPTION
Number Tested:	Number Owned:	Number Owned:
Number Passed:	Number Tested: Number Passed:	Number Tested: Number Passed:
Number 4yr old/newer:	Number 4yr old/newer:	Number 4yr old/newer:
For Calendar Year:	For Calendar Year:	For Calendar Year:
COMMENTS:		
inspection and are in compliance for	required vehicles owned by this agency have this reporting year and agree to retain the vehi and to make such records available to the Bu	cle emissions inspection records for a
Signature of RME		Date
FORM 79-21 Revised 12/2003	(See Instructions on Rever	rse Side)

INSTRUCTIONS

(Please Type or Print Clearly)

This document is also available, and interactive on our WEB Site:

www.smogcheck.ca.gov/

BAR FILE NUMBER: Enter the "G" file number issued to your agency by the BAR. EXAMPLE: GA970000,

GB910000, GF950000.

AGENCY: Enter your agency's administrative name (i.e., state of, county of, city of, etc. for local

government. For federal agencies enter the departmental level, i.e., Department of

Commerce, Department of Justice, General Services Administration, etc.).

DEPARTMENT: Enter your agency's department name (i.e., police department, fire department, motor

> pool, general services, transportation, equipment, etc. for local government. For federal agencies enter department level, i.e., Bureau of Reclamation, Department of Air Force,

National Park Service, etc.).

DIVISION: Enter the division name of your department, if applicable (i.e., water resources division,

Los Angeles division, Port Mugu naval station, maintenance division, etc.).

UNIT: Enter the unit designation name of your department's division, if applicable (i.e., shop # 4,

southern area branch office, heavy equipment center, etc.).

BUSINESS ADDRESS: Enter your agency's business address. Do not list a post office box for the address.

RME: Enter the name of the person designated as the agency's RME (Responsible Managing

Employee).

TELEPHONE: Enter the telephone number for the RME.

AFFECTED VEHICLES: Enter the total number of affected vehicles that your agency owns or operates.

This box should include all vehicles to be smog tested in odd years, even years,

and those vehicles four (4) yrs old and newer that do not require testing.

Beginning January, 2003, an "Affected Vehicle" in any passenger car, light and heavy duty vehicle, 29 model years old and newer and powered by gasoline and alternate fuels.

Diesel powered vehicles are **NOT** included in the Smog Check Program.

EXAMPLES OF

EXEMPT VEHICLES: Beginning 2003, the 1975 to 2003 model year vehicles are affected. The 1974 vehicles are

> out-of-the program. In 2004, affect vehicles are 1976 to 2004 vehicles, the 1975's are outof-the program. In 2005, the 1977 to 2005 vehicles are affected and 1976 vehicles are outof-the program, etc. Do NOT include vehicles that are 30 model years old and older in

Your Agency's Count of Affected Vehicles.

Heavy duty vehicles over 14,000 lbs GVWR, powered by CNG, LNG and LPG are also **EXEMPT** from the Smog Check Program. Do **NOT** include these vehicles in your

agency's affected vehicle count.

REPORTING: Complete the appropriate section of ODD VIN VEHICLES, EVEN VIN VEHICLES or the ANNUAL OPTION

> to reflect your agency's schedule for testing and reporting per the Letter of Response (79-19). Use the COMMENT section to record any information regarding vehicle count Problems, etc., such as 3 vehicles out of service for major engine repair - Emissions testing report(s) to follow prior to vehicle being returned

to Service.

Sign and date the form, and return to the Bureau of Automotive Repair, Fleet Operations at the address of the front of the form.

Remember that this form is required to be submitted prior to December 31, of every year.